SUBMIT: COMPLETED APPLICATION, TAX Planning ar PO Box 58 Bayfield County Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

Date St.

BAYEIELD COUNTY, WISCONSIN

Permit #:

08 2016

Date:

9-6-16

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16-0395

N

11-0-6 SUL #

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bsyfieldcounty.org/zoning/asp) Contractor: SINUN HORMAN TYPE OF PERMIT REQUESTED - | | LAND USE | SANITARY Authorized Agent Sharon Address of Property: 5 PROJECT LOCATION YOU PROTE Section \_1/4, Rog hold 32438 STURETRO 8 ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— Legal Description: (Use Tax Statement) , Township 1/4 150 behalf of Owner(s)) N, Range 0 Lot(s) Mailing Address:

21055 POWER DOWN Rd

City/State/Zip: Contractor Phone:

715-218-/597

Agent Phone: Bay Field, PIN: (23 digits) ≶ 4. Set -000-3-501 continue Town of: Buffield PRIVY CONDITIONAL USE City/State/Zip 3 Plumber: Agent Mailing Address (include City/State/Zip): -4-47 Distance Structure 1878A Lot(s) No. -3 % -ax -sux Casslake, Block(s) No. is from Shoreline : ☐ SPECIAL USE N N Recorded Document: (i.e. Property Ownership)
Volume & G 3 Page(s) & & O Lot Size Subdivision 52433 Is Property in Floodplain Zone? B.O.A. Telephone: Written Authorization
Attached
Yes KNo Cell Phone: インス・スタシ Plumber Phone: Acreage OTHER\_ P87371 30

					•		Value at Time of Completion * include donated time & material	X Non-Shoreland	□ Shoreland —	
,	Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)		$\hfill\Box$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶
	☐ Foundation	□ No Basement	★ Basement	□ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pond If ye	n 300 feet of River, Streat of Floodplain? If ye
				- investment of the last	🕺 Year Round	Seasonal	Use		Pond or Flowage If yescontinue	Stream (Incl. Intermittent) If yes—continue —>
		□ None		≱⊈. 33	□ 2	_ <b>1</b>	# of bedrooms		Distance Stru	Distance Stru
None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline : feet	Distance Structure is from Shoreline : feet
		tract)	Ited (min 200 gallon)	fy Type:	y Type: LILOUMO	New	e of y System perty?		□ Yes XNo	Is Property in A
	1	l			K_Well	☐ City	Water		□ Yes X No	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:

Length: Length:

 $\sim$ 

Width:

Height: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property) (	× }	
	Residence (i.e. cabin, hunting shack, etc.)	64 × 30 )	jqzo
WE-	with Loft (	× )	
Residential Use	with a Porch	× )	
	with (2 <sup>nd</sup> ) Porch	x )	
	with a Deck	(21 × 01	120
	with (2 <sup>nd</sup> ) Deck	х )	
☐ Commercial Use	with Attached Garage	<b>x</b> )	
	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) (	( OG × WM	<b>MODEN</b>
	Mobile Home (manufactured date) 4000 AXX ENGLISHED (	X )	2. 3
, man	Addition/Alteration (specify)	× }	
Municipal Use	M Accessory Building Aspectify BOW Life	30 W 36-1-1	一個光
Boo'd for Issuance	Accessory Building Addition/Alteration (specify)	× }	
- 480 620 B	Special Use: (explain) (	x )	
	Conditional Use: (explain)	×	
Secretarial Staff	Secretarial Staff   Jother: (explain)   (	×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property of any reasonable time for the purpose of inspection.

Authorized Agent:

(If you

signing on behalf of the

Address to send permit

D

1177

Powerdo

inRd

DOWNERS listed on the Dodd All Owners must sign or letter(s) of authorization must accompany this application)

255 Lake, ny this ma 62633

> Date 9

the Attach
Copy of Tax Statement
operty send your Recorded Deed

Date

Permit # Permit # Permit # Permit # Is Parce Is Parce Is Str Granted 'Yes / Unable of I Condition But of I Condition Signatur Hold For	Plea  Setbac	
Permit # / C  Permit # / C  Is Parcel a Sub-St Is Parcel in Common Is Structure Non-O Is Structure Non-O Is Permit # / No  Was Proposed Buildi Inspection Record: Inspection Record: Date of Inspection:  Condition(s):Town, Co Buildi Date of Inspection:  Date of Inspection:  Condition(s):Town, Co Buildi Date of Inspection:  Date of Inspection:  Condition(s):Town, Co Buildi Date of Inspect		*
mation (County Use :e):  OAPY -Standard Lot   Yes on Ownership   Yes n-Conforming   Yes in-Conforming   Yes iliding Site Delineated   Committee or Board Co Committee or Board Co May A Lean   Hold Fo	backs: (meas scription scr	. SH SH SH SH SH SH SH SH
Reason for Reason for Record)  Or Record)  No Strate  No Strate  Inspected  Inspected  Stratehed?   W	Show any (*).  (*) Westands; or (*) Slopes over 20%  Tel (1)-(7) above (prior to continuing)  Tel (1)-(7) above (prior to continuing)  Setbacks: (measured to the closest point)  Measurement  Description  Measurement  Description  Measurement  Description  Description  Measurement  Description  Descripti	ow Location of:  Proposed Construction  North M. Construction  North
Affidavit:		Proposed Construction  North All applied Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  (*) Driveway and (*) Frontage Road (Name Frontage Road)  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
Case # A A A A A A A A A A A A A A A A A A	Ow  The planting according to the populary form which the setback from the Bank or Bluff  Setback from Wetland  Setback from Wetland  Setback from the Bank or Bluff  Setback from which the setback must be visible from one previously surveyed for the minimum required setback, the boundary line from which the setback must be resisted a corrected compass from a known corner within 500 feet of the proposed see of the structure, or must be form which the setback must be resisted for a corrected compass from a known corner within 500 feet of the proposed see of the structure, or must be followed by the planting Code.  Septic Tank (ST) Drain field (DF) Holding Tank (HT) Privy (P), and Well (W) the Date of issuance if Construction or Use has not begun.  Wunicipalities Are Required to the force The Uniform Dwelling Code.  ederal agencies may also require permits.	.oad) (*) <b>Holding Tank</b> (HT) and/
idavit Required disavit Attached disavit	wed by the Planning & Z.  Wegsur  Megsur  Megs	or (*) <b>Privy</b> (P)
Yes XINO Yes XINO Yes XINO PRO-INO PRO	Peet Feet Feet Feet Feet Feet Feet Feet	*

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
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BAYFIELD COUNTY, WISCONSI APPLICATION FOR PERMIT 

JUL 08 2016

Bayfield Co. Zoning Dept.

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	Refund:	Amount Paid:	Date:	Permit #:	
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				The state of the s		nlain)	Other: (explain)	Т	Canadarial Ctaff	
	×	<u> </u>				Conditional Use: (explain)	Condition	T.	47 00 79 8	
A SALAR A PROPERTY OF THE PROP	× -	_			New distance of the second	e: (explain)	Special Use: (explain)		> 5	
			hen is well stady a till stady is better for a second		vicei ation (specify)	Accessory ballatilg Addition/Airenation (specify)	WICESSOIÀ		Rec'd for Issuance	
0801	× ×	100	***************************************		theration (specific)	Building (specity)	Accessory Building	×	ŀ	L
	< × j	i	Andread American Principles		00000	=	Addition/		☐ Municipal Use	
			addition to the same of the sa	de la company de	te)	Mobile Home (manufactured date)	Mobile Ho			
	×	(8)	& food prep facilities)	or Cooking &	sleeping quarters,	Bunkhouse w/ (☐ sanitary, or ☐	Bunkhous			
	×	-			äge	with Attached Garage			Commercial Use	
41,700,000,000	×	_				with (2 <sup>nd</sup> ) Deck				
	X )					with a Deck				
	×					with (2 <sup>nd</sup> ) Porch				
	× >					with a Porch			X Residential Use	
	× ;				oriden, etc./	with 1 of	ייייייייייייייייייייייייייייייייייייייי			
Helicon College Colleg	× ×		territori, de la		ture on property)	Principal Structure (first structure on	Principal S			
Footage	Jimensions			e e	Proposea Structure			*	Proposed Use	т—
Square		<u></u>			151					
Lan	Height:		Width: 3	Č	S			•		Ten 1 1
	Height:		Width:		Length:	(if permit being applied for is relevant to it)	ng applied for	ermit bei	Existing Structure: (if p	
			None							
		let	☐ Compost Toilet			☐ Foundation		Property	Pr	
	tract)	service con	15	None		1 1	ness on	☐ Run a Business on		
	Vaulted (min 200 gallon)	or Vaul			LI		Relocate (existing bldg)	locate (	A T I Re	
	y Type:	sts) Specif	Sanitary (Exists) Specify Type:	⊃ [.	Teal Noulid	1-Story + Luit	Conversion	Conversion		
□ City	Specify Type: MacA	- 1	/ (New) Sanitary		□ Seasonal	1 Story	New Construction	M Cons		
			No. minimal /C	7		<b>\</b>		,	material	1
Water	pe of ry System roperty?	What Type of Sewer/Sanitary System Is on the property?	Sewe Is c	# of bedrooms	Use	# of Stories and/or basement	Ä	Project	Value at Time of Completion * include donated time &	
				-					Non-Shoreland	
X No	No No	feet			If yescontinue>	¥}				da
	□Yes	ine:	Structure is from Shoreline:	Distance Stru		Lake	//Land within	Property	☐ Shoreland —▶ ☐ Is	and the same
Are Wetlands	ls Property in Floodplain Zone?	eline : feet	Structure is from Shoreline	Distance Stru	tream (ind. Intermittent)	River, S	s Property/Land within 300 feet of I creek or Landward side of Floodplain?	Property ek or Lan	0.0	Contraction 1
)0	Acreage	Lot Size		Bayfield	Town of: Ba	N, Range # W	160	, Township	Section 17	
		Subdivision:	b. Block(s) No.	Lot(s) No.	Vol &	Lot(s) CSM	Gov't Lot	1/4	<u>SW</u> 1/4, SW	
Page(s) 880	803 Pag	11 - 1	-03-000-50X	-17-3	04-00-2-50-04	(Use Tax Statement) 04-		Legal Description:	PROJECT Legs	
No No	Attached  2 Yes X No  Document: (i.e. Property Ownership)	<del></del>						α σ		
Written Authorization	Writter	ate /7(n).	Agent Mailing Address (include City/State /7in)	Sont Mailing Ad	4 20 20	>n 1	20 HOHMUN	OH P	万万万とこれのよう	
Plumber Phone:	Plumbe			Plumber:	,ii	Contr	- Caranta	) }	Contractor	
Cell Phone: 215-253-2855	2/5			. ^	Boufield 10)T	TRO	7		Address of Property: 33	
Telephone: 218.981	Telephone:	MN 5663	te/Zip: Lølle,		mailing Address: 211 77 21056 BWG Dam Rd 116	Mailir 2117 2108	Molt	30	Owner's Name:	1
HER_	□ B.O.A. □	SPECIAL USE		CONDITIONAL USE	□ PRIVY □	□ SAI	☐ LAND USE	STED -	TYPE OF PERMIT REQUESTED-	
方					ANT.	E BEEN ISSUED TO APPLIC	L PERMITS HAVI	UNTIL ALI	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	prog

Address to send permin 21177 AUSE Dam RAME (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application in the company that is a company company

Authorized Agent:

owner(s): SHALLEN FUGALULE.

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date<sub>\</sub>

5-9-16

Permit #: 16-0995   Second   Permit #: 16-0995   Second   Pes   Deed of Is Parcel in Common Ownership   Pes   Fused/   Second   Pes   Fused/   Second   Pes   Fused/   Second   Pes   Pe	other previously surveyed corner or marked by a licensed surveyor a Prior to the placement or construction of a structure more than ten one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surve	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way  Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the Fast Lot Line Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the minimum required	<u>a</u>	V(1) Show Location of: Provided to the v(2) Show / Indicate: N(2) Show: Location of (*): (*): (*): (*): (*): (*): (*): (*):
Permit Date: 9-6-16   Yes   No structed of Record   Yes   No structed of No structed of No structed of No structed of North   Yes   No   Yes   Yes   No   Yes   Yes   Yes   No   Yes   Y	t the owner's expense.  10) feet but less than thirty (30) feet from the minimum required setback, the boundary liner, or verifiable by the Department by use of a corrected compass from a known corner w  ation(s) of New Construction, Septic Tank (ST), Drain field (DF),  retrinits Expire One (1) Year from the Date of Issuance if Construction  ne & Two Family Dwelling: ALL Municipalities Are Required To Enforced Town, Village, City, State or Federal agencies may also require be  Sanitary Number:  Reason for Denial:	Feet Setback from the Lake (ordin Feet Setback from the Bank or Blu Feet Setback from Wetland Feet Setback from Wetland Feet Setback from Wetland Feet Elevation of Floodplain Feet Setback to Well Feet Setback to Well Feet Setback the boundary line from which the serback must be a setback, the boundary line from which the serback must be a setback, the boundary line from which the serback must be a setback, the boundary line from which the serback must be	Lee Tock of the Changes in plans	Proposed Construction North (N) On Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
A.) Case #:  Case #:  Coning District  F. Lakes Classification ( AA)  Date of Re-inspection:  Date of Approval:  Date of Approval:	T) Pr Dwellin	Creek	must be approved by the Planning & Zono A Sound	k (HT) and/or (*) <b>Privy</b> (P)

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX
STATEMENT AND FEE TO:

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUL 13 2016

Permit #: Amount Paid:

JUL 13 2016

Refund:

Regent: Person Spring Application on Invalid Connect(s)  Agent Record Mailing Address (Include City/State/Zin):  Agent Mailing Address (Include City/State/Aic)  Agent Mailing Address (	Include City/State/Zi    Coc
--	------------------------------

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Owner(s):

Owner(s): (If there are Multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

System Hast Due

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

send permit

1

Box

BA  $\setminus$ 

FIEC

11845

Date

Date

N

0)

Attach
Copy of Tax Statement
property send your Recorded C d Deed